

2003

Wisconsin Composite Estimated Tax Voucher

Form **CN-ES**For Nonresident Athletes, Directors, Partners, or Shareholders
Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2003

Federal Employer Identification Number		
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		
Name of Corporation, Partnership, or Tax-Option (S) Corporation		
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		
Street Address		
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		
City	State	Zip Code
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>

VOUCHER #1

Due Date: April 15, 2003

AMOUNT OF PAYMENT

\$

Please do not staple your payment to this voucher.

Make your check payable to and mail to:

Wisconsin Department of Revenue

P.O. Box 8912

Madison, WI 53708-8912

DC-046

2003

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VOUCHER #2

Due Date: June 16, 2003

AMOUNT OF PAYMENT

\$

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VOUCHER #3

Due Date: September 15, 2003

AMOUNT OF PAYMENT

\$

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Federal Employer Identification Number		
<div></div>		
Name of Corporation, Partnership, or Tax-Option (S) Corporation		
Street Address		
City	State	Zip Code

VOUCHER #4

Due Date: January 16, 2004

AMOUNT OF PAYMENT

\$

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Federal Employer Identification Number		
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Name of Corporation, Partnership, or Tax-Option (S) Corporation		
Street Address		
City	State	Zip Code

VOUCHER #5 – EXTENSION PAYMENT

Due Date: April 15, 2004

AMOUNT OF PAYMENT

\$

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Madison, WI 53708-8912

DC-046